

1.) CORPORATION NAME:

DUE DATE: **10/31/2011**

**THE INDEPENDENT ORDER OF FORESTERS**

SCC ID NO: **F0257792**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.  
AUTH IN VI  
REGISTERED AGENT SOLUTIONS INC  
7288 HANOVER GREEN DR  
MECHANICSVILLE, VA 23111**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  
**HANOVER COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:  
**FN**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 789 DON MILLS RD  
TORONTO ONTARIO

CITY/ST/ZIP: , -

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: GEORGE S MOHACSI  
TITLE: PRESIDENT  
ADDRESS: 789 DON MILLS ROAD  
TORONTO,,M3C 1T9,CANADA  
CITY/ST/ZIP/CO: , -,

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OFFICER

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DIRECTOR

NAME: SHARON T GIFFEN  
TITLE: VICE PRESIDENT  
ADDRESS: 789 DON MILLS ROAD  
TORONTO,,M3C 1T9,CANADA  
CITY/ST/ZIP/CO: , -,

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OFFICER

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DIRECTOR

NAME: KATHARINE E ROUNTHWAITE  
TITLE: SECRETARY  
ADDRESS: 789 DON MILLS ROAD  
TORONTO,,M3C 1T9,CANADA  
CITY/ST/ZIP/CO: , -,

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OFFICER

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DIRECTOR

NAME: J. STEPHEN MCDONALD  
TITLE: TREASURER  
ADDRESS: 789 DON MILLS ROAD  
TORONTO,,M3C 1T9,CANADA  
CITY/ST/ZIP/CO: , -,

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OFFICER

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DIRECTOR

NAME:	BERNARD E BLOOM	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	27 WILMINGTON CLOSE		
CITY/ST/ZIP/CO:	SOUTHAMPTON,, ,UNITED KINGDOM (GREAT BRITAIN)		
NAME:	LOUISE L MCCORMICK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2 HIGH LEDGE ROAD		
CITY/ST/ZIP/CO:	BLOOMFIELD, CT 06002-		
NAME:	RICHARD M FREEBOROUGH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	789 DON MILLS ROAD		
CITY/ST/ZIP/CO:	TORONTO, -, CANADA		
NAME:	KAREN L GAVAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	789 DON MILLS ROAD		
CITY/ST/ZIP/CO:	TORONTO, -, CANADA		
NAME:	BRIAN A ISABELLE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	789 DON MILLS ROAD		
CITY/ST/ZIP/CO:	TORONTO, -, CANADA		
NAME:	ROBERT E LAMOUREUX	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	789 DON MILLS ROAD		
CITY/ST/ZIP/CO:	TORONTO, -, CANADA		
NAME:	FRANK N.C LOCHAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	789 DON MILLS ROAD		
CITY/ST/ZIP/CO:	TORONTO, -, CANADA		
NAME:	MARTHA E MARCON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	789 DON MILLS ROAD		
CITY/ST/ZIP/CO:	TORONTO, -, CANADA		
NAME:	CHRISTOPHER H MCELVAINE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	789 DON MILLS ROAD		
CITY/ST/ZIP/CO:	TORONTO, -, CANADA		
NAME:	LARAIN J MORRIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	789 DON MILLS ROAD		
CITY/ST/ZIP/CO:	TORONTO, -, CANADA		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID E MORRISON DIRECTOR 789 DON MILLS ROAD TORONTO, -, CANADA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID R SAUNDERS DIRECTOR 789 DON MILLS ROAD TORONTO, -, CANADA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN B SCOTT DIRECTOR 789 DON MILLS ROAD TORONTO, -, CANADA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRISTOPHER J STRANAHAN DIRECTOR 789 DON MILLS ROAD TORONTO, -, CANADA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ KATHARINE E ROUNTHWAITE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	KATHARINE E ROUNTHWAITE, SECRETARY PRINTED NAME AND CORPORATE TITLE	9/9/2011 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			